

ENVIRONMENTAL HEALTH

1250 Hollipark Drive Idaho Falls, ID 83401 OFFICE (208) 523-5382 FAX (208) 528-0857

SEPTIC PUMPER PERMIT APPLICATION

Name of p	erson permit issued to:		
Owner and	d/or operator of the equipment:		
Na	ame (Business):		
Ad	ldress	City	State Zip
Ph	none:	Cell Phone (if desired)	<u>: </u>
En	nail:		
	trucks operated by owner:ense number of each truck:		
Methods o	f disposal to be used:		
•	Discharging to a public sewer (Location	on/s):	
•	Discharging to a sewage treatment plant (Location/s):		
•	Burying (Attach approval letters)		
•	Drying (Attach approval letters)		
of the per		ern Idaho Public Health Distric	h facility which will be used. A copy ct prior to issuance of a permit. This
tanks and/ CLEANINO	or transporting and disposing of huma	an excrement and agree to abid TITLE 01, CHAPTER 15.) I al	e purpose of pumping or cleaning septic de by Idaho's rules GOVERNING THE lso understand that the permit is not s.
Signature of Applicant:			Date:
	(Fee is \$40	0.00 plus \$20.00 for each truck)
		EIPH Use Only	
Date Pai	d: Amoun	ıt:	Receipt #: